

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10668907

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	X							
2	/						52	X							
3	/						53	X							
4	/						54	X							
5	/						55	X							
6	X						56	/							
7	X						57	X							
8	X						58	X							
9	X						59	X							
10	X						60	X							
11	X						61	/							
12	/						62	/							
13	/						63	/							
14	/						64	/							
15	X						65	/							
16	X						66	/							
17	/						67	/							
18	X						68	/							
19	X						69	/							
20	X						70	/							
21	X						71	/							
22	/						72								
23	/						73								
24	/						74								
25	/						75								
26	/						76								
27	X						77								
28	X						78								
29	X						79								
30	X						80								
31	X						81								
32	X						82								
33	X						83								
34	X						84								
35	X						85								
36	/						86								
37	/						87								
38	/						88								
39	X						89								
40	X						90								
41	X						91								
42	/						92								
43	X						93								
44	X						94								
45	X						95								
46	/						96								
47	/						97								
48	/						98								
49	①						99								
50	/						100								
TOTAL IND.	↓		↓		↓		TOTAL IND.	5	↓	↓		↓		↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	25	↓	↓		↓		↓	
TOTAL CLAIMS							TOTAL CLAIMS	30							